DEPARTMENT OF			RF	POR	T OF MAR	INF	ACC	IDF	NT.				lo. G-M	OA	
TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 9-2002	) 2)				NJURY O				,		UNIT	CASE NUM	BER		
		<u> </u>		SE	CTION I. GENERA	AL INFO	RMATI	ON							
1. Name of Vessel or Fac	ility				2. Official No.		3. Natio	nality		4. Call Si	gn	5. US	CG Cert	ficate of	
M/V LADY D					MD8246BC		US						LMS		
6. Type (Towing, Freight,	, Fish, Drill, e	tc.)		ength	8. Gross Tons		9. Year					(Steam, dies		urbine)	
PASSENGER			36	1	2		199	6		GASOLINE ENGINE					
11. Hull Material (Steel,	Wood)	12. Draft (F			13. If Vessel Classed	By Who	m: <i>(AB</i>	S, LLOYDS	s,	14. Date	(of occ	urrence)	15. TI	ME (Local)	
		FWD	A	FT.	DNV, BV, etc.)									_	
ALUMINUM											ARO			0x1557	
16. Location (See Instruc INNER HARBO			MD							17. Estim	nated Lo	ss of Dama	ge TO:		
18. Name, Address & Tele	ephone No. of	Operating Co	0.							VES	SEL				
SEAPORT TAX	•									CAR	GO				
802 S. CARO										отн	ER				
BALTIMORE, MD 21231															
19. Name of Master or Person in Charge USCG License 20. Name of Pilot									USC	License	State	License			
FRANCIS O.	DEPPNE	₹										YES		YES	
				YES	□ NO	<u> </u>								NO	
19a. Street Address (City	y, State, Zip C	(ode)	19	b. Telepho	ne Number	20a. S	treet Add	iress (Cit	ty, State, I	∠ip Code)		20b. Tele	phone N	umber	
21. Casualty Elements (0		•	and expl	ain in Bloo	:k 44.)				I						
NO. OF PERSON	IS ON BOARI	25			LOODING; SWAMPIN	IG WITH	OUT SIN	KING				OR EMER	GENCY E	QUIPMENT	
☑ DEATH - HOW M		2		_ <u> </u>   <u> </u>	APSIZING (with or w	ithout sin	ki <b>ng</b> )			(Describ	e in Blo	ck 44.)			
MISSING - HOW	MANY?	3		<b>₋</b>  ∐ F	OUNDERING OR SIN	KING				LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)					
INJURED - HOW		UNK			EAVY WEATHER DA	MAGE				BLOW OUT (Petroleum exporation/production)					
☐ HAZARDOUS MA	TERIAL REL	EASED OR	INVOLV		IRE				닏	BLOW	OUT (F	Petroleum ex	poration/	production)	
(Identify Substanc	e and amount	in Block 44.,	)	IF.	XPLOSION				닏			DLVEMENT			
					OMMERCIAL DIVING	CASUA	LTY			(Descrit		•		- DI! 4::	
OIL SPILL - ESTI	MATE AMOU	INT:		l=	CE DAMAGE					DRUG II	NVOLV	EMENT (D	escribe i	n Block 44.)	
			_	IF.	AMAGE TO AIDS TO	NAVIGA	TION			OT:	<b>/</b> 0:	:# A			
CARGO CONTAI	NER LOST/D/	AMAGED		IF.	TEERING FAILURE			_		OTHER	(Spec	iry)			
☐ COLLISION (Identify other ves	sel or chiect is	n Block 44 \		IH.	ACHINERY OR EQU		FAILURE	•							
m				1=	LECTRICAL FAILURE										
GROUNDING		AKE DAMAC	эE	_ILL S	TRUCTURAL FAILUR	E									
22. Conditions		CATUE		<u> </u>	ME	F	100		E Die	TANCE	(miles				
		EATHER CLEAR		C. TI	ME DAYLIGHT		GOOD			sibility)	63				
A. Sea or River Condi (wave height, river sta		RAIN			TWILIGHT	=	FAIR		FAID	TEMPES	ATI IDE				
etc.)	_	SNOW			NIGHT	_	POOR		(F)	LINE	VIIONE		_		
		FOG				السا			G. WII	ND SPEE	<b>8</b> O	SEE E	OX 4	14	
		OTHER (S	Specify)						H. CU	IRRENT S					
23. Navigation Information	<u> </u>				<del></del>		24. Las		8.	DIRECTIO	<u>N</u>			Time and	
MOORED, DOCK		n		SF AN	PEED	_	Po	n FT I	MCHEN	RY -	FELI	S PT		of Departure	
ANCHORED X			NG		ÖÜRSE			nere und							
	5a.	ON DAIF HI			25b. 2	25c.	1			25d. (E	escribe	in Block 44	)		
	NUMBER	Empty	Loaded	Total	TOTAL	MAXIM	II IM	Length	Width	ПР	JSHING	AHEAD			
FOR	OF				i	SIZE OF				1 =		ASTERN			
TOWING	VESSELS				TOWING	WITH T				ı =		ALONGSID	E		
ONLY	TOWED				UNITS	BOAT	_			I =				T ON TOW	
<u> </u>	IOVALD	. t	SECT	ON II. B	ARGE INFORMAT				·	· · · · · · · ·				rtificate of	
26. Name			26a. Offi	cial Numb	er 2	6b. Type		26c. Len	gth	26d. Gro	oss Ton		ction Issu		
										L					
26f Year Built	26g. SIN	IGLE SKIN	26h. Dra	eft .	AFT	26i. Opera	ating Con	npany	*						
		UBLE	FWD		AFI										
26j. Damage Amount					26k. Describe Dama	ge to Bar	ge								
BARGE		<del></del>													
CARGO —	<del></del>	<del></del>													
OTHER															

PREVIOUS EDITION IS OBSOLETE

		SECTION	ON III PEI	RSONNEL A	CCIDENT INFORM	ATION	<del></del>	
27. Person Involved		27a. Name (Last, First, I	Middle Name	)	CCIDENTINFORM	ATION	1 27- 6	N-4.
☐ MALE or ဩ FEM	AI E	PIERCE, JOAN		•		27c. S		
☑ DEAD ☐ INJUR		27b. Address (City, Stat						
☐ MISSING		(119, 112	-, <u>-</u>					-
28. Birth Date	29. Tele	phone No.		30. Job Position				00101
	·			CO. DOD I COMO	•		i	Check here if off duty)
32. Employer - (if different i	rom Block	18., fill in Name, Address,	Telephone N	lo.)				
33. Person's Time						34. Industry	of Employer (Towi	ng, Fishing, Shipping,
A. IN THIS INDUS	STRY -			YEAR(S)	MONTH(S)	Crew Suppl	y, Drilling, etc.)	ng, risning, snipping,
				<del></del>		L.		
B. WITH THIS CO					<del></del>	35. Was the More?	Injured Person Inca	pacitated 72 Hours or
C. IN PRESENT .				<del></del>		More		
D. ON PRESENT	Death							
E. HOURS ON DU	E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -							
37. Activity of Person at Time of Accident							· · · · · · · · · · · · · · · · · · ·	
		_						
38. Specific Location of Acci	dent on Ve	ssel/Facility						
39. Type of Accident (Fall,	Caught bet	veen, etc.)		· · · · · · · · · · · · · · · · · · ·	40. Resulting Injury (	Cut, Bruise, Fracture	e, Burn, etc.)	
41. Part of Body Injured					42. Equipment Involve	d in Accident		
43. Specific Object, Part of the	ne Equipm	ent in block 42., or Substar	nce (Chemica	al, Solvent, etc.)	that directly produced t	he Injury.		
					ON OF CASUALTY			
44. Describe how accident or sheets if necessary)	ccured, dar	nage, information on alcoh	ol/drug involv	ement and reco	mmendations for correc	tive safety measure	s. (See instruction	s and attach additional
sheets if necessary).						,	(	, and allacin doubleries
VIOLENT BURS	T OF V	VIND CAPSIZED	VESSEL	. ADDIT	IONAL SECTIO	N III INFO	RMATION AT	TACHED ON
FOUR SEPARAT	E FORI	is.						
45. Witness (Name, Addres	s, Telephoi	ne No.)			<del></del>			
FRANCIS O. D		•						
46. Witness (Name, Addres				****		-	· · · · · · · · · · · · · · · · · · ·	
MICHAEL R. HO								
		ECTION V. PERSON	MAKING	THIS REPOR	PT		47c. Title	
47. Name (PRINT) (Last, Fil				ss (City, State,			MASTER	
DEPPNER, FRA	•			(,,,	<b></b>		47d. Telephone No	
47a)								
4/8)							47a D-4a	(A.D.O.4
	FO	R COAST GUARD US	SE ONLY		1=-	-		MAR04
ARPARENT CAUSE:	FU	COAST GUARD US	DE UNLY		RE	PORTING OFFI	UE:	
CONCINT ONOOL.								
		IND/FOTIO: TO	/h/			40000		
CASUALTY CODE A	R C	INVESTIGATOR	(IVame)		DATE	APPROVED BY	(Name)	DATE
CHOOKETT CODE A								
								l l

DEPARTMENT OF TRANSPORTATION		REPOR	RT OF MAR	INE AC	CIDE	NT.			RCS No	o. G-MOA
U.S. COAST GUARD CG-2692 (Rev. 9-2002)			INJURY OF	R DEAT	Η	,		UNIT CA	ASE NUME	BER
		SI	ECTION I. GENERA	AL INFORMA	ΓΙΟΝ					
Name of Vessel or Facility			2. Official No.		ionality	-	4. Call Sig	n	5. USC	G Certificate of
M/V LADY D			MD8246BC						_L. ՝	tion issued at:
6. Type (Towing, Freight, Fish,	· · · · · · · · · · · · · · · · · · ·	7. Length	8. Gross Tons	9. Yea	ar Built		10. Propu	Ision (Ste	am, diesel	l, gas, turbine)
11. Hull Material (Steel, Wood	d) 12. Draft (F	Ft in.) AFT.	13. If Vessel Classed, DNV, BV, etc.)	, By Whom: (AB	3S, LLOYE	DS,	14. Date	(of occurre	ence)	15. TIME (Local)
16. Location (See Instruction N	Vo. 10A)	I	1				17. Estima	ated Loss o	of Damage	TO:
18. Name, Address & Telephon	ne No. of Operating C									
·		-					VESS CARG OTHE	• O -		
19. Name of Master or Person in	n Charge	USCG Licen	nse	20. Name of F	Pilot		L	USCG Lic	ense	State License
							1		res I	YES
10a Street Address (City Ste	4- 7:- Oada)	YES 10h Talanha	□ NO					$\Box$	NO.	Пио
19a. Street Address (City, Stat	te, zip Cooej	19b. Telepho	ne Number	20a. Street Ad	idress (C	ity, State, I	Zip Code)		20b. Teleph	hone Number
21. Casualty Elements (Check	as many as needed	l and explain in Blo	ck 44.)	<u> </u>						
NO. OF PERSONS ON		I	FLOODING; SWAMPIN	IG WITHOUT SI	NKING		FIREFIGI	HTING OR	EMERGE	NCY EQUIPMENT
DEATH - HOW MANY?	?		CAPSIZING (with or wi		*	-	FAILED C	OR INADE	QUATE	
MISSING - HOW MAN	-	1	FOUNDERING OR SINH				LIFESAV	ING EQUI	PMENT FA	AILED OR
INJURED - HOW MAN		l C	HEAVY WEATHER DAI	MAGE					scribe in Bl	•
☐ HAZARDOUS MATERI			FIRE		BLOW O	JT (Petro	xleum expo	oration/production)		
(Identify Substance and	amount in Block 44.	″ I⊟	EXPLOSION COMMERCIAL DIVING CASUALTY					L INVOLVI		
OIL SPILL - ESTIMATE	Ē AMOUNT:	lm	COMMERCIAL DIVING	CASUALIY			-	in Block 4 VOLVEME	•	cribe in Block 44.)
		I	DAMAGE TO AIDS TO	NAVIGATION			D100	VOLV L.181.2	ZINI (LPC)	CRD <del>u</del> III DIOCK 44.)
CARGO CONTAINER L	LOST/DAMAGED	l c	STEERING FAILURE				OTHER	(Specify)		
COLLISION (Identify other vessel or	chiest in Black 44)	<u> </u>	MACHINERY OR EQUI	PMENT FAILUR	E					
		片	ELECTRICAL FAILURE							
GROUNDING  22. Conditions	L! WAKE DAMAC	3E	STRUCTURAL FAILURE	<u> </u>						
22. Conditions	B. WEATHER	С. Т	'IME	D. VISIBILITY		F DIS	TANCE (n	niles		
A. Sea or River Conditions			DAYLIGHT	GOOD			sibility)	lies		
(wave height, river stage, etc.)	RAIN		TWILIGHT	FAIR			TEMPERA	TURE _		
GO.,	SNOW		NIGHT	POOR		(F)				_
	☐ FOG	a.					ND SPEED RECTION	& 		
CO Notice See Information	OTHER (S	>pecify)					IRRENT SP			
23. Navigation Information			PEED	24. La Po						24a. Time and Date of Departure
☐ MOORED, DOCKED O ☐ ANCHORED ☐ UNDE	OR FIXED ERWAY OR DRIFTIN	C	ND OURSE	w	here ound					<b>5</b>
25. 25a.	SKANT OF DUILLI	NG	25b. 25	25c.			25d. (De:	scribe in B	3lock 44.)	
NUA NUA	MBER Empty	Loaded Total	TOTAL	MAXIMUM	Length	Width	1 _ `	SHING AH	•	
FOR C	OF		1	SIZE OF TOW			1 =	MNG AST		
ONLY	SELS		TOWING	WITH TOW-			□ точ	MING ALO	NGSIDE	
1 TO\	WED	SECTION II I	UNITS  BARGE INFORMAT	BOAT(S)	<u> </u>		МО	RE THAN	7	V-BOAT ON TOW
26. Name		26a. Official Numb	· · · · · · · · · · · · · · · · · · ·	26b. Type	26c. Len	nath	26d. Gros	s Tons		CG Certificate of on Issued at:
				••		3			· .	
26f. Year Built 26g.	SINGLE SKIN DOUBLE	26h. Draft FWD	AFT 2	26i. Operating Cor	npany				<u>.L</u>	
26j. Damage Amount			26k. Describe Damag	ge to Barge	v					
BARGE										
CARGO										
OTHER										

PREVIOUS EDITION IS OBSOLETE

		SECTI	ON III. PERS	SONNEL A	CCIDENT INFORM	ATION		
27. Person Involved		27a. Name (Last, First,	Middle Name)		O DENT IN ONIN	ATION	070 04	
☐ MALE or ☑ FEM		PIERCE, LISA					27c. Sta	itus
☐ DEAD ☐ INJUR	-	27b. Address (City, Stat						Crew
MISSING		Clar	ie, zip code)				⊠	Passenger
28. Birth Date	20 Tolor	phone No.						Other
20. Diffit Date	29. Telep	rione No.	30	0. Job Position	1		31. (Ch	eck here if off duty)
32 Employee (if officered)		10 50 1					Ιп	
32. Employer - (if different i	rom Block	18., fill in Name, Address,	, Telephone No.)	)				
33. Person's Time						34. Industry	of Employer (Towing	Fishing Shipping
A. IN THIS INDUS	STRY -			YEAR(S)	MONTH(S)	of Employer (Towing, Fishing, Shipping, r, Drilling, etc.)		
B. WITH THIS CO						35. Was the	Injured Person Incapa	citated 72 Hours or
C. IN PRESENT .	IOB OR F	OSITION -				More?		721104100
D. ON PRESENT	VESSEL	/FACILITY -			<del></del>			
						36. Date of [	Death	-
37. Activity of Person at Tim	JIY WHE	N ACCIDENT OCCU	JRRED -					
or Activity of Ferson at 1111	л							
38. Specific Location of Acci	dent on Ves	sel/Facility				<del></del>		
39. Type of Accident (Fall,	Caught betv	veen, etc.)			40. Resulting Injury (	Cut. Bruise Fractum	e Rum etc \	
					]	,, - , aoiar	, Dan, C.C.)	
41. Part of Body Injured					40 Feedomonto			· · · · · · · · · · · · · · · · · · ·
					42. Equipment Involve	d in Accident		
43. Specific Object, Part of the	ant in blook 42 or Substan	nan (Chaminal	0-111	0.15.4				
io. oposilo object, i dit or t	nce (Chemicai,	Solvent, etc.)	that directly produced to	he Injury.				
		S	ECTION IV. [	DESCRIPTI	ON OF CASUALTY			
44. Describe how accident or sheets if necessary).	cured, dam	nage, information on alcoh	nol/drug involven	ment and reco	mmendations for correct	iva cafatu manavus	(One instruction	
sheets if necessary).		• • • • • • • • • • • • • • • • • • • •			Gradatoria tor correct	ave salety illeasure	s. (See instructions a	and attach additional
45. Witness (Name, Addres	s, Telephon	e No.)						
46. Witness (Name, Addres	s Tolonhon	30 No. 1						
40. Villicos (Hairle, Addres	s, racprior	<del>e</del> 140.)						
			······································					
	S	ECTION V. PERSON					47c. Title	
47. Name (PRINT) (Last, Fit	rst, Middle)		47b. Address	(City, State,	Zip Code)			
							47d. Telephone No.	
47a. Signature			7					
17 d. Orginalaro							47a Deta	
·	FO	COAST CHARD !!	SE ONLY			DODTING SE	47e. Date	
APPARENT CAUSE:	FOI	R COAST GUARD US	OE UNLY		RE	EPORTING OFFI	CE:	
AFFARENT CAUSE:								
		INVESTIGATOR	(Name)		DATE	APPROVED BY	(Name)	DATE
CASUALTY CODE A	ВС		•				•	
								1
					L			1

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 9-2002)		REPOR	T OF MAR INJURY OI	INE AC R DEAT	CIDENT,		UNIT CA	RCS No	o. G-MOA BER
		SE	CTION I. GENERA	I INFORMA	TION		<u> </u>		
Name of Vessel or Facility			2. Official No.		ionality	4. Call Sig	<u> </u>	5 1180	G Certificate of
M/V LADY D			MD8246BC			4. Can Sig	"'	Inspect	ion issued at:
6. Type (Towing, Freight, Fish, D	Orill. etc.)	7. Length	8. Gross Tons	0.75	ar Built	l			
		7. Congai	o. Gloss Toris	9. 162	ar Built	10. Propulsion (Steam, diesel, gas, turbine.			
11. Hull Material (Steel, Wood	FWD	t in.) AFT.	13. If Vessel Classed, DNV, BV, etc.)	BS, LLOYDS,	14. Date (	(of occurre	nce)	15. TIME (Local)	
16. Location (See Instruction No.	10A)		<u> </u>			17. Estima	ated Loss o	f Damage	TO:
18. Name, Address & Telephone I	No. of Operation Co								
10. Name, Address & Telephone	No. or Operating Co	<b>)</b> .				VESS	-		
						CARG OTHE	-		
40.11	-					"""			
19. Name of Master or Person in (	Charge	USCG Licen	se	20. Name of F	Pilot		USCG Lic	ense	State License
				ES	YES				
100 Street Address (City State 75 Oct.)								0_	. D NO
19a. Street Address (City, State, Zip Code)  19b. Telephone Number  20a. Street Address (City, State,							2	0b. Teleph	one Number
21. Casualty Elements (Check a	21. Casualty Elements (Check as many as needed and explain in Block 44.)								
NO. OF PERSONS ON B	OARD	in .	LOODING; SWAMPIN	CMITHOUT ON		EIDEEICL	TING OD	CMEDOE	NOV 501 1151 151 5
DEATH - HOW MANY?	· · · · · · · · · · · · · · · · · · ·				AKING I	FAILED O	RINADEC	QUATE	NCY EQUIPMENT
MISSING - HOW MANY?		I 🗆	APSIZING (with or wi OUNDERING OR SINH		in.		in Block 4		
☐ INJURED - HOW MANY?	-					LIFESAVI INADEQU	IATE (Des	ribe in Bio	AILED OR ock 44.)
HAZARDOUS MATERIAL		I	ICAV I VICAT HER DAMAGE						
(Identify Substance and an			EXPLOSION  BLOW OUT (Petroleum exporation/production)  ALCOHOL INVOLVEMENT						
(Identity Substance and an	поилі іп віоск 44.)	I 🗀	OMMERCIAL DIVING	CASHALTY			L INVOLVE in Block 4		
OIL SPILL - ESTIMATE A	MOUNT:	l n	DE DAMAGE	CASUALIT	lп			•	cribe in Block 44.)
		10	AMAGE TO AIDS TO	NAVIGATION	ا			(5000	onde in block 44.)
CARGO CONTAINER LO	ST/DAMAGED	in	TEERING FAILURE			OTHER (	(Specify)		
COLLISION		□ w	ACHINERY OR EQUI	PMENT FAILUR	E T	•	,		
(Identify other vessel or ob	ject in Block 44.)	□ €	LECTRICAL FAILURE						
GROUNDING	WAKE DAMAG	E S	TRUCTURAL FAILURE						
22. Conditions									
	B. WEATHER	C. TI	ME	D. VISIBILITY		TANCE (m	niles		****
A. Sea or River Conditions	☐ CLEAR	Ц	DAYLIGHT	GOOD	OI VIS	sibility)			
(wave height, river stage, etc.)	RAIN		TWILIGHT	FAIR		TEMPERA	TURE		_
	☐ SNOW		NIGHT	POOR	(F)		_		
	∐ FOG				G. WIN	ND SPEED ( ECTION	& <u> </u>		_
	OTHER (S	pecify)				RRENT SPI	EED		
23. Navigation Information		<del>-</del> -	NEED.	24. La	st	DIRECTION		T	24a. Time and
MOORED, DOCKED OR	FIXED	AN		_   Po	ort here		<del></del>		Date of Departure
ANCHORED UNDER	WAY OR DRIFTIN	ig CC	OURSE		bund				
25. 25a.			25b. 25	5c.		25d. (Des	cribe in Bl	ock 44.)	
NUMBI	ER Empty L	_oaded Total	TOTAL	MAXIMUM	Length Width	∏ PUS	HING AHE	AD	
FOR OF			H.P. OF	SIZE OF TOW		1 =	VING ASTE	ERN	
ONLY	LS		TOWING	WITH TOW-			VING ALO	NGSIDE	
TOWE	D		UNITS	BOAT(S)		☐ MOF	RE THAN (	ONE TOW	BOAT ON TOW
OC Nove			ARGE INFORMAT						G Certificate of
26. Name		26a. Official Numb	er 26	Sb. Type	26c. Length	26d. Gross	Tons	Inspection	n Issued at:
26f. Year Built 26g.	0016: = 5::::	26h. Draft	24	6i. Operating Cor	mpany	L			
	SINGLE SKIN DOUBLE	FWD	AFT	Operating CO	- Ipuliy				
26j. Damage Amount			26k. Describe Damag	e to Barge					
BARGE									
CARGO									
OTHER									
PREVIOUS EDITION IS OBSOLE	TE								

		SECTION	ON III. PERSONNEL A	CCIDENT INFORM	ATION	
27. Person Involved		27a. Name (Last, First, I	Middle Name)	OCIDENT IN OKW	- TION	27c. Status
MALE or FEM		BENSTREM, DAI				☐ Crew
DEAD INJUR	ED 2	27b. Address (City, State	e, Zip Code)			☑ Passenger
MISSING     28. Birth Date	29. Teleph	one Ne	T -2			Other
	25. Telepi	KOTE NO.	30. Job Position	1		31. (Check here if off duty)
32. Employer - (if different i	rom Block 1	8., fill in Name, Address,	Telephone No.)			
33. Person's Time			VEAD(0)	********	34. Industry	of Employer (Towing, Fishing, Shipping,
A. IN THIS INDUS	STRY -		YEAR(S)	MONTH(S)	Crew Supply	y, Drilling, etc.)
B. WITH THIS CO	MPANY -				35 Was the	Injured December 1
C. IN PRESENT .	OB OR PO	OSITION -	<del></del>	<del></del>	More?	Injured Person Incapacitated 72 Hours or
D. ON PRESENT	VESSEL/F	ACILITY -			36. Date of D	Docth
E. HOURS ON DU	JTY WHE	N ACCIDENT OCCU	RRED -		SO. Date Of L	Jeann .
37. Activity of Person at Tim	e of Acciden	ıt				
20. 0						
38. Specific Location of Acci	dent on Ves	sel/Facility				
39. Type of Accident (Fall,	Caught betwe	een. etc.)		40 Peculting Injury (	C.4 D-: 5	
, ,	•	,		40. Resulting Injury (	cut, Bruise, Fracture	e, Burn, etc.)
41. Part of Body Injured				42. Equipment Involve	d in Accident	
43. Specific Object, Part of the	ne Equipmer	nt in block 42., or Substan	ce (Chemical, Solvent, etc.)	that directly produced to	he Injury.	
		***************************************		· · · · · · · · · · · · · · · · · · ·		
44 December how and death			CTION IV. DESCRIPT			
sheets if necessary).	curea, aama	age, information on alcoho	ol/drug involvement and reco	mmendations for correct	tive safety measures	s. (See instructions and attach additional
45. Witness (Name, Addres	s, Telephone	• No.)				
, , ,	,	•				
46. Witness (Name, Addres	s, Telephone	No.)				
47 N (DDN F) (( 4.5)		ECTION V. PERSON	MAKING THIS REPO			47c. Title
47. Name (PRINT) (Last, Fi	rst, Middle)		47b. Address (City, State,	Zip Code)		
			-			47d. Telephone No.
47a. Signature						47a Deta
	FOR	COAST GUARD US	E ONLY	Ь	PORTING OFFI	47e. Date
APPARENT CAUSE:	. 51				LI OKTING OFFI	<u> </u>
		INVESTIGATOR	(Name)	DATE	APPROVED BY	(Name) DATE
CASUALTY CODE A	вс					
				]		

DEPARTMENT OF TRANSPORTATION		REPOR	RT OF MAP	RINE AC	CIDENT		RCS No. G-MOA		
U.S. COAST GUARD CG-2692 (Rev. 9-2002)			INJURY C			UNIT	ASE NUMBER		
		s	ECTION I. GENER	RAL INFORMA	TION				
Name of Vessel or Facility			2. Official No.		ionality	4. Call Sign	5. USCG Certificate of Inspection issued at:		
M/V LADY D		···	MD8246BC				Inspection issued at:		
6. Type (Towing, Freight, Fish,	Drill, etc.)	7. Length	8. Gross Tons	9. Yea	ar Built	10. Propulsion (S.	team, diesel, gas, turbine)		
11. Hull Material (Steel, Wood	,   (		13. If Vessel Classe DNV, BV, etc.)	d, By Whom: (AE	BS, LLOYDS,	14. Date (of occurr	rence) 15. TIME (Local)		
	FWD	AFT.	DIVV, DV, etc.)						
16. Location (See Instruction N	lo. 10A)	—— <u>I</u>				17. Estimated Loss	of Damage TO:		
18. Name, Address & Telephone	No. of Operating C								
	. •					VESSEL			
						CARGO OTHER	<del></del>		
19. Name of Master or Person in	Charge	USCG Lice	200	20. Name of F	2:1-4				
	· • · · · · · · · · · · · · · · · · · ·		100	20. Name of F	-liot	USCGL	cense State License		
		☐ YES	□ NO	İ		1 —	YES YES		
19a. Street Address (City, State	e, Zip Code)	19b. Teleph		20a. Street Ad	ddress (City, State,	Zip Code)	NO NO 20b. Telephone Number		
21. Casualty Elements (Check	as many as needed	d and explain in Blo	ck 44 )						
NO. OF PERSONS ON		1—	•				25150510155		
DEATH - HOW MANY?			FLOODING; SWAMPI CAPSIZING <i>(with o</i> r:		NKING L	FAILED OR INADE			
MISSING - HOW MANY			FOUNDERING OR SI		ln.	(Describe in Block	<i>44.)</i> IIPMENT FAILED OR		
INJURED - HOW MANY	′?		HEAVY WEATHER D			INADEQUATE (De	scribe in Block 44.)		
HAZARDOUS MATERIA	AL RELEASED OR	INVOLVED	IRE BLOW OUT (Petroleum exporation/produ						
(Identify Substance and	amount in Block 44	, 📙 1	EXPLOSION			ALCOHOL INVOLV			
D			COMMERCIAL DIVIN	G CASUALTY	<u> </u> _	(Describe in Block	44.)		
☐ OIL SPILL - ESTIMATE	AMOUNT:	10	CE DAMAGE		ļ	DRUG INVOLVEM	ENT (Describe in Block 44.)		
CARGO CONTAINER L	OST/DAMACED	l c	DAMAGE TO AIDS TO	O NAVIGATION	_	OTHER (S. 14)			
COLLISION	OS I/DAMAGED	I	STEERING FAILURE	HDAAFAIT FAILUD	_	OTHER (Specify)			
(Identify other vessel or	object in Block 44.)	I CT	MACHINERY OR EQU ELECTRICAL FAILUR		=				
GROUNDING	WAKE DAMA	I —	STRUCTURAL FAILU		İ				
22. Conditions									
	B. WEATHER	C. T	IME	D. VISIBILITY	E. DIS	STANCE (miles _			
A. Sea or River Conditions (wave height, river stage,	☐ CLEAR		DAYLIGHT	GOOD	Or VI	Sibility)			
etc.)	☐ RAIN		TWLIGHT	∐ FAIR	F. AIR (F)	TEMPERATURE _	····		
	SNOW FOG	Ц	NIGHT	∐ POOR		ND SPEED &			
	OTHER (	Specify)			DIF	RECTION -			
						JRRENT SPEED DIRECTION —			
23. Navigation Information			PEED	24. La	st		24a. Time and Date of Departure		
☐ MOORED, DOCKED OF ☐ ANCHORED ☐ UNDE	R FIXED RWAY OR DRIFTI	C	ND OURSE		here ound				
25. 25a.	RVAT OR DRIFTI	NG	25b.	25c.	AII O	25d. (Describe in I	Block 44 )		
NUM	BER Empty	Loaded Total	TOTAL	MAXIMUM	Length Width	PUSHING AF	· · · · · · · · · · · · · · · · · · ·		
FOR O	F		H.P. OF	SIZE OF TOW		TOWING AS			
TOWNG VESS	ELS		TOWING	WITH TOW-		TOWING ALC			
ONLY TOV	VED		UNITS	BOAT(S)		MORE THAN	ONE TOW-BOAT ON TOW		
26. Name			BARGE INFORMA				26e. USCG Certificate of		
20. Naine		26a. Official Numl	per	26b. Type	26c. Length	26d. Gross Tons	Inspection Issued at:		
26f. Year Built 26g.	SINGLE SKIN	26h. Draft FWD	AFT	26i. Operating Cor	mpany	1			
26j. Damage Amount	DOODLL		26k. Describe Dama	age to Barge					
BARGE									
CARGO —	<del></del>								
OTHER									
PREVIOUS EDITION IS OBSO	LETE								

		SECTION	ON III. PERSONNEL A	CCIDENT INFORM	ATION		
27. Person Involved		a. Name (Last, First, I	Middle Name)	OCIDENT IN COM	ATION	27c. Sta	africe
MALE or FEM		OCELLA, AND					Crew
DEAD INJUR	ED 27t	o. Address (City, State	e, Zip Code)				Passenger
MISSING     28. Birth Date							Other
20. Birtii Date	29. Telephon	e No.	30. Job Position	1		31. (Ch	eck here if off duty)
32. Employer - (if different i	rom Block 18.,	fill in Name, Address.	Telephone No.)				
		,,					
33. Person's Time					34 Industry	of Employer (Towing	Fishing Shinning
A. IN THIS INDUS	STRY -		YEAR(S)	MONTH(S)	Crew Supply	y, Drilling, etc.)	, risning, Snipping,
B. WITH THIS CO	MPANY -						
C. IN PRESENT .		SITION -			35. Was the More?	Injured Person Incapa	citated 72 Hours or
D. ON PRESENT							
		ACCIDENT OCCU			36. Date of [	)eath	
37. Activity of Person at Tim	e of Accident	ACCIDENT OCCU	RKED -				
38. Specific Location of Acci	dent on Vessel	/Facility					
20 T (A ( ( (							
39. Type of Accident (Fall,	Caught betweer	ı, etc.)		40. Resulting Injury (	Cut, Bruise, Fracture	, Burn, etc.)	
41. Part of Body Injured			<del> </del>				
41.1 art or body Injurba				42. Equipment Involve	d in Accident		
43. Specific Object, Part of the	ne Equipment in	n block 42., or Substan	ce (Chemical, Solvent, etc.)	that directly produced t	he Iniuny		
			, · · · · · · · · · · · · · · · · · · ·	man amount produced t	ne injury.		
		SE	CTION IV. DESCRIPT	ON OF CASUALTY	,		
44. Describe how accident or sheets if necessary).	cured, damage					S. (See instructions #	and attach additional
sheets if necessary).					•	(	and discorr describering
45. Witness (Name, Addres	s, Telephone N	o.)					
46. Witness (Name, Address	s, Telephone N	o.)					
			MAKING THIS REPO	<del></del>			
47. Name (PRINT) (Last, Fil		·	47c. Title				
47. Name (PRINT) (Last, Fil	'st, ivilocie)		Zip Code)				
47 61						47d. Telephone No.	
47a. Signature						47e. Date	
	FOR C	OAST GUARD US	SE ONLY	R	PORTING OFFI		
APPARENT CAUSE:		0.10. 00.110 00	, C ONLI		LF OKTING OFFI	OE.	
							:
		INVESTIGATOR	(Name)	DATE	APPROVED BY	(Name)	DATE
CASUALTY CODE A	ВС						[
							1

DEPARTMENT OF		T						· · · · · · · · · · · · · · · · · · ·				OMB Co	ntrol No. 2115-0003	
I TRANSPORTATION	<u>N</u>	1	RE	POR	T OF MA	RINE	AC	CIDE	NT.			RCS N	lo. G-MOA	
U.S. COAST GUAR CG-2692 (Rev. 9-200	(D )2)				INJURY (	OR D	EAT	Ή	,		UNIT CASE NUMBER			
1000000														
1. Name of Vessel or Fa	cility			St	CTION I. GENE	RAL INF				_				
M/V LADY D	y				2. Official No.		3. Na	tionality		4. Call S	Sign	5. US	CG Certificate of ction issued at:	
6. Type (Towing, Freight	ht Eish Drill o	fo 1	17.		MD8246BC									
o. Type (Tolling, Flagi	k, man, Dilli, e	ic.)	] /. [	ength	8. Gross Tons		9. Ye	ar Built		10. Prop	oulsion (S	team, dies	el, gas, turbine)	
11 Hull Meterial (Ctan	1.14(0.00)									L				
11. Hull Material (Steel	, vvooa)	12. Draft FWD		FT.	13. If Vessel Class DNV, BV, etc.)	ed, By Wh	om: <i>(Al</i>	BS, LLOY	os,	14. Date	(of occurr	rence)	15. TIME (Local)	
		FAAD	A	rı.	DIV, BV, 6(C.)									
16. Location (See Instru														
10. Location (See Institu	JCTION NO. TUA)									17. Estir	nated Loss	of Damag	e TO:	
10 Nome Address 0 To	1									ļ				
18. Name, Address & Te	epnone No. or	Operating (	Co.							VES	SEL			
										CAR				
										ОТН				
										017	EK			
19. Name of Master or P	erson in Charge	8	U	SCG Licen	se	20.1	lame of f	Pilot		L	USCG Li	cense	State License	
											l n		1 -	
				YES	□ NO							YEŞ	⊢ YES	
19a. Street Address (Ci	ne Number	20a.	Street A	ddress (C	ity, State,	Zip Code)	<del> </del>	NO Telev	phone Number					
						, ,		200. 1010	onone Humber					
21. Casualty Elements (Check as many as needed and explain in Block 44.)													<u>-</u> -	
NO. OF PERSO	NS ON BOAR	1			LOODING; SWAMP	INIC MATE	O E O			FIDEEIG		. ====		
DEATH - HOW N				II I				NKING	ļU.	FAILED	OR INADE	REMERG QUATE	ENCY EQUIPMENT	
MISSING - HOW			<u>-</u>	I C	APSIZING (with or		nki <b>ng</b> )			FAILED OR INADEQUATE (Describe in Block 44.)				
☐ INJURED - HOW				I	OUNDERING OR S				il.	LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)				
☐ HAZARDOUS M		EASED OF	2100/01/		IEAVY WEATHER [	DAMAGE							,	
l				l=	FIRE						OUT (Petr	oleum exp	oration/production)	
(Identify Substan	ce and amount	in Block 44	£.)		EXPLOSION						OL INVOLV			
	******************************			10	OMMERCIAL DIVIN	IG CASUA	LTY				e in Block	•	*	
U OIL SPILL - EST	IMATE AMOU	NI:		- 1	ICE DAMAGE						NVOLVEM	ENT (De	scribe in Block 44.)	
					DAMAGE TO AIDS TO NAVIGATION									
☐ CARGO CONTA	INER LOST/D/	AMAGED		∐ s	STEERING FAILURE					OTHER	(Specify)			
☐ COLLISION (Identify other ve	ssel or object in	Block 44 )	,	<u> </u>    •	MACHINERY OR EQUIPMENT FAILURE									
l _		·		빌	ELECTRICAL FAILURE								<del></del>	
GROUNDING	WA	KE DAMA	GE	<u>ll</u> s	TRUCTURAL FAILL	JRE								
22. Conditions														
	B. Wi	EATHER		C. TI		D. VI	SIBILITY	•		TANCE (	(miles _			
A. Sea or River Con		CLEAR			DAYLIGHT	Ц	GOOD		Or VIS	of visibility)				
(wave height, river s etc.)	lage,	RAIN		Ц						AIR TEMPERATURE				
	닏	SNOW			NIGHT		POOR		(F)					
	Ц	FOG								ID SPEEI ECTION	)& _			
		OTHER (	Specify)							RRENT S	PEED			
23. Navigation Information	n					<del></del>	T 64 :	4		DIRECTIO				
		_			PEED		24. La	ist ort					24a. Time and Date of Departure	
MOORED, DOC					ND		w	here	1					
25. ANCHORED	UNDERWAY 25a.	OR DRIFT	ING				Bo	ound			<del></del>			
		_	1	1_	25b.	25c.				25d. (D	escribe in l	3lock 44.)		
FOR	NUMBER	Empty	Loaded	Total	TOTAL	MAXI	MUM	Length	Width	PL	JSHING AF	IEAD		
TOWING	OF		l		H.P. OF	SIZE OF	TOW			□ тс	WING AS	TERN		
ONLY	VESSELS				TOWING	WITH	OW-			🗌 тс	WING ALC	ONGSIDE		
J., L.	TOWED		L	L	UNITS	BOA <sup>2</sup>	Γ(S)	<u>]</u>		Mc	ORE THAN	ONE TO	W-BOAT ON TOW	
26 Nam -					ARGE INFORMA								CG Certificate of	
26. Name			26a. Offi	cial Numb	er	26b. Type	)	26c. Ler	ngth	26d. Gro	ss Tons	Inspecti	on Issued at:	
				-										
26f. Year Built	<sup>26g.</sup>	IGLE SKIN	26h. Dra FWD	aft	AFT	26i. Oper	ating Co	mpany						
201.5	L U 00	UBLE												
26j. Damage Amount					26k. Describe Dam	age to Bar	ge							
BARGE —														
CARGO														
OTHER														
PREVIOUS EDITION IS	OBSOLETE													

		SECTI	ON III. PERSON	NEL ACCU	VENT INCOME				
27. Person Involved	2	7a. Name (Last, First,	Middle Name)	NEL ACCII	DENT INFORM	ATION			
MALE or FEM		SCHILLINGS,	CORRINE J.					27c. Status	
DEAD INJUR	ED 27	7b. Address (City, Stat	te, Zip Code)					☐ Crew	
MISSING     28. Birth Date	29. Telepho	na Na							
	29. Terepho	ine No.	30. Job	Position				31. (Check here if off dut	
32. Employer - (if different i	rom Block 18.	, fill in Name, Address	Telephone No.)						,
			,						
33. Person's Time						34. Industry	of Employer	(Towing, Fishing, Shippir	
A. IN THIS INDUS	STRY -		YE	EAR(S)	MONTH(S)	Crew Suppl	ly, Drilling, etc	(Towning, Fishing, Shippir :.)	ıg,
B. WITH THIS CC	MPANY -		_			25 )24			
C. IN PRESENT J	OB OR PO	SITION -		·		More?	Injured Perso	on Incapacitated 72 Hours	or
D. ON PRESENT	VESSEL/FA	ACILITY -	_			36 Data of	<u> </u>		
E. HOURS ON DU	TY WHEN	ACCIDENT OCCU	IRRED -			36. Date of	Death		
37. Activity of Person at Tim	e of Accident						<del>-</del>		
38. Specific Location of Acci	d-u4 1/								
oo. Opecine Location of Acci	Deπ on vesse	#/Facility							
39. Type of Accident (Fall, (	Caught betwee	en, etc.)		140 5	Deculting Ini.	(O.1. D. )			
		,,		40.	esulung injury (	Cut, Bruise, Fracture	e, Burn, etc.)		
41. Part of Body Injured				42. [	quipment Involve	ed in Accident			
42 Specific Object Destrict									
43. Specific Object, Part of the	e Equipment i	in block 42., or Substan	nce (Chemical, Solve	ent, etc.) that o	irectly produced	the Injury.			
			OTION BY DESC						_
44. Describe how accident or	cured damag	a information on clock	ECTION IV. DESC	KIPTION	F CASUALTY	<u> </u>			
<ol> <li>Describe how accident or sheets if necessary).</li> </ol>		e, morniadon on alcon	ording mydryement a	ina recommen	dations for correc	tive safety measure	s. (See instr	uctions and attach addition	nai
45. Witness (Name, Address	, Telephone N	lo.)							
46. Witness (Name, Address	, Telephone N	lo.)							
47. Name (PRINT) (Last, Fire		CTION V. PERSON	47b. Address (Cit)		ada)		47c. Title		
(	ot, modro,		The Address (On)	r, State, ZIP C	iue)		47d. Telepho	no No	
47a. Signature			-				4/d. rerepno	me No.	
True. Organization							47e, Date		
	FOR C	COAST GUARD US	E ONLY		RI	PORTING OFFI			
APPARENT CAUSE:							<del></del>		
		T				Γ			
CASUALTY CODE A	3 C	INVESTIGATOR	(Name)	DAT	E	APPROVED BY	(Name)	DATE	
S. OOKETT OODE A									
		<del></del>				L			